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(Depositor's name)

Abstract

Date:

TITLE OF INVENTION: DEFLECTABLE MEDICAL THERAPY DELIVERY DEVICE HAVING COMMON LUMEN PROFILE

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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1 Stephen W. Bauer
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT FRONT PAGE

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

4a. The following fee(s) are submitted:

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5. Change in Entity Status (from status indicated at year)

Q & A: Express Claims SMALL ENTITY status, See 37 CFR 1.22

Qb. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(h)(2).

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Date _____

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